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Child Depression Inventory-2 (CDI-2)

Availability:	<p>Please visit this website for more information about the instrument:</p> <p>Child Depression Inventory.</p>
Classification:	<p>Supplemental: Epilepsy, Headache, and Mitochondrial Disease (Mito) and Spinal Cord Injury (SCI)-Pediatric</p>
Short Description of Instrument:	<p>Purpose: Assessment used to evaluate cognitive, affective and behavioral symptoms of depression in children and adolescents aged 7 to 17.</p> <p>Description: The Children's Depression Inventory (CDI-2) contains a 28 item self-report items that each consist of three statements. For each item, the individual is asked to select the statement that best describes his or her feelings for the past two weeks.</p> <p>Comment: The 28-item scale is brief and easy to administer and it can facilitate the multifaceted evaluation of children and adolescents. The assessment is designed for a variety of situations, including schools, child guidance clinics, pediatric practices, and child psychiatric settings. The CDI-2 is used by clinicians and counselors to: Assess self-reported key symptoms of depression, such as a child's feelings of worthlessness, loss of interest in activities, support diagnosis, as well as treatment planning.</p> <p>A short form of this assessment is available, which includes 10 items and can be administered in 5 minutes.</p> <p>Time Estimates: 15 minutes.</p> <p>Vendor: Pearson-Assessment and Information; Children's Depression Inventory (CDI).</p>
Rationale/ Justification:	<p>Strengths: Self report tool over a short period of time to assess a child's feelings. It does not include somatic symptoms of depression that may be related to a child's mitochondrial disorder versus a symptom of depression.</p> <p>Weaknesses: The CDI-2 is a self report tool and therefore limited to a population that is cognitively able to answer the questions.</p> <p>Specific to Mitochondrial Disease: The tool has not been validated in children with mitochondrial disorders but depression has been reported in adults with mitochondrial disorders and is likely present in children and adolescents as well.</p>
Scoring:	<p>Primary Dependent Measures: The CDI-2 gives a total score and five subscores divided by age and gender.</p>
References:	<p>Anderson, C. J., Kelly, E. H., Klaas, S. J., Russell, H., Daharsh, E., & Vogel, L. C. (2009). Anxiety and depression in children and adolescents with spinal cord injuries. <i>Dev Med Child Neurol</i>, 51(10), 826–832.</p> <p>Flanagan, A., Kelly, E. H., & Vogel, L. C. (2013). Psychosocial outcomes of children and adolescents with early-onset spinal cord injury and those with spina bifida. <i>Pediatr Phys Ther</i>, 25(4), 452–459.</p> <p>Garma, S. I., Kelly, E. H., Daharsh, E. Z., & Vogel, L. C. (2011). Health-related quality of life after pediatric spinal cord injury. <i>J Pediatr Psychol</i>, 36(2), 226–236.</p> <p>Saylor, C. F., Finch, A. J., Jr., Spirito, A., & Bennett, B. (1984). The children's depression</p>

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